

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A98000002480

1. Entity Name
GEORGETOWN APARTMENTS LIMITED



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 30 AM 10:49

Principal Place of Business
2040 N.W. 67TH PLACE
GAINESVILLE, FL 32653

Mailing Address
2040 N.W. 67TH PLACE
GAINESVILLE, FL 32653

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03172005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3559656

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRUTCHER, KEITH A
2040 NW 67TH PLACE
GAINESVILLE, FL 32653

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE G.T. Mallini
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$874,273.00

10. Amount of Capital Contributions
in FLORIDA to date. 366 373-31

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # M64592
NAME INTERGROUP TECHNOLOGIES INCORPORATED
STREET ADDRESS 2040 N.W. 67TH PLACE
CITY-ST-ZIP GAINESVILLE, FL 32653

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

000050036600
04/06/05 01050 012 **526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

G.T. Mallini
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

G.T. Mallini

3/24/05
Date

Daytime Phone #

STAPLE CHECK HERE